

REQUEST FOR ACCESS TO TAIMS

REQUESTOR INFORMATION:

NAME: _____
 LAST FIRST INT.

LOCATION: _____
 ORGANIZATION/BLDG. PHONE NO.

SYSTEMS ADMINISTRATOR: _____
 NAME PHONE NO.

TIMEKEEPER NO: _____

TYPE OF REQUEST:

NEW REQUEST
CHANGE IN ACCESS, SPECIFY BELOW
DELETE ACCESS, USER ID: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FUNCTION REQUESTED: (CHECK ONE)

LIST TK NOS. FOR
THIS FUNCTION

PRIMARY TIMEKEEPER:	<input type="checkbox"/>	1. _____	7. _____
ALTERNATE TIMEKEEPER:	<input type="checkbox"/>	2. _____	8. _____
PRIMARY SUPERVISOR:	<input type="checkbox"/>	3. _____	9. _____
ALTERNATE SUPERVISOR:	<input type="checkbox"/>	4. _____	10. _____
PRIMARY SYSTEMS ADMINISTRATOR:	<input type="checkbox"/>	5. _____	11. _____
ALTERNATE SYSTEMS ADMINISTRATOR:	<input type="checkbox"/>	6. _____	12. _____

(LIST ADDITIONAL NOS. ON BACK)

Privacy Act Notice: Access to the records in this system is limited to authorized persons only. Information may not be disclosed from this system unless permitted pursuant to 43 CFR 2.56. The Privacy Act contains provisions for criminal penalties for knowingly and willfully disclosing information from this system unless properly authorized.

BY SIGNING AND SUBMITTING THIS REQUEST, THE EMPLOYEE AND THE EMPLOYEE'S SUPERVISOR AGREE TO ABIDE BY THE REQUESTOR AGREEMENT ON THE ATTACHED FORM

X _____
EMPLOYEE DATE SUPERVISOR DATE

CONCURRENCE:

BY SIGNING THIS REQUEST THE AUTHORIZED AGENCY OFFICIAL RESPONSIBLE FOR TAIMS CERTIFIES THAT THE REQUESTOR HAS BEEN INFORMED OF THE SECURITY REQUIREMENTS INHERENT IN ACCESS TO TAIMS.

X _____
AUTHORIZED AGENCY OFFICIAL DATE